

and related provisions for veterans and their caregivers. The provisions in the Compromise Agreement are derived from a number of bills that were introduced and considered by the House and Senate during the 111th Congress. These bills include S. 1963, a bill to provide assistance to caregivers of veterans, to improve the provision of health care to veterans, and for other purposes, which passed the Senate on November 19, 2009 (Senate bill); and H.R. 3155, a bill to provide certain caregivers of veterans with training, support, and medical care, and for other purposes, which passed the House on July 27, 2009 (House bill).

In addition, the Compromise Agreement includes provisions derived from the following bills which were passed by the House: H.R. 402, a bill to designate the Department of Veterans Affairs Outpatient Clinic in Knoxville, Tennessee, as the "William C. Tallent Department of Veterans Affairs Outpatient Clinic," passed by the House on July 14, 2009; H.R. 1211, a bill to expand and improve health care services available to women veterans, especially those serving in Operation Enduring Freedom and Operation Iraqi Freedom, from the Department of Veterans Affairs, and for other purposes, passed by the House on June 23, 2009; H.R. 1293, a bill to provide for an increase in the amount payable by the Secretary of Veterans Affairs to veterans for improvements and structural alterations furnished as part of home health services, passed by the House on July 28, 2009; H.R. 2770, a bill to modify and update provisions of law relating to nonprofit research and education corporations, and for other purposes, passed by the House on July 27, 2009; H.R. 3157, a bill to name the Department of Veterans Affairs outpatient clinic in Alexandria, Minnesota, as the "Max J. Beilke Department of Veterans Affairs Outpatient Clinic," passed by the House on November 3, 2009; H.R. 3219, a bill to make certain improvements in the laws administered by the Secretary of Veterans Affairs relating to insurance and health care, and for other purposes, passed by the House on July 27, 2009; and H.R. 3949, a bill to make certain improvements in the laws relating to benefits administered by the Secretary of Veterans Affairs, and for other purposes, passed by the House on November 3, 2009.

The Compromise Agreement also includes provisions derived from the following House bills, which were introduced and referred to the Subcommittee on Health of the House Committee on Veterans' Affairs: H.R. 919, to enhance the capacity of the Department of Veterans Affairs to recruit and retain nurses and other critical health care professionals, and for other purposes, which was introduced on February 9, 2009; H.R. 3796, to improve per diem grant payments for organizations assisting homeless veterans, which was introduced on October 13, 2009; and H.R. 4166, to make certain improvements in the laws administered by the Secretary of Veterans Affairs relating to educational assistance for health professionals, and for other purposes, which was introduced on December 1, 2009, and was concurrently referred to the Committee on Energy and Commerce.

The House and Senate Committees on Veterans' Affairs have prepared the following explanation of the Compromise Agreement. Differences between the provisions contained in the Compromise Agreement and the related provisions in the bills listed above are noted in this document, except for clerical corrections and conforming changes, and minor drafting, technical, and clarifying changes.

TITLE I—CAREGIVER SUPPORT

Assistance and Support Services for Family Caregivers (section 101)

The Senate bill contains a provision (section 102) that would create a new program to

help caregivers of eligible veterans who, together with the veteran, submit a joint application requesting services under the new program. Eligible veterans are defined as those who have a serious injury, including traumatic brain injury, psychological trauma, or other mental disorder, incurred or aggravated while on active duty on or after September 11, 2001. Within two years of program implementation, the Department of Veterans Affairs (VA) would be required to submit a report on the feasibility and advisability of extending the program to veterans of earlier periods of service. Severely injured veterans are defined as those who need personal care services because they are unable to perform one or more independent activities of daily living, require supervision as a result of neurological or other impairments, or need personal care services because of other matters specified by the VA. For accepted caregiver applicants, VA would be required to provide respite care as well as pay for travel, lodging and per-diem expenses while the caregiver of an eligible veteran is undergoing necessary training and education to provide personal care services. Once a caregiver completes training and is designated as the primary personal care attendant, this individual would receive ongoing assistance including direct technical support, counseling and mental health services, respite care of no less than 30 days annually, health care through the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), and a monthly financial stipend. The provision in the Senate bill would require VA to carry out oversight of the caregiver by utilizing the services of home health agencies. A home health agency would be required to visit the home of a veteran not less often than once every six months and report its findings to VA. Based on the findings, VA would have the final authority to revoke a caregiver's designation as a primary personal care attendant. The provision also would require an implementation and evaluation report, and provide for an effective date 270 days after the date of the enactment of this Act.

The House bill contains comparable provisions (section 2 and section 4) with some key differences. The provisions in the House bill would provide educational sessions, access to a list of comprehensive caregiver support services available at the county level, information and outreach, respite care, and counseling and mental health services to family and non-family caregivers of veterans of any era. For family caregivers of eligible veterans who served in Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF), the House bill would require VA to provide a monthly financial stipend, health care service through CHAMPVA, and lodging and subsistence to the caregiver when the caregiver accompanies the veteran on medical care visits. Eligible OEF or OIF veterans are defined as those who have a service-connected disability or illness that is severe; in need of caregiver services without which the veteran would be hospitalized, or placed in nursing home care or other residential institutional care; and are unable to carry out activities (including instrumental activities) of daily living.

The Compromise Agreement contains the Senate provision modified to no longer require VA to enter into relationships with home health agencies to make home visits every six months. In addition, the Compromise Agreement follows the House bill in creating a separate program of general family caregiver support services for family and non-family caregivers of veterans of any era. Such support services would include training and education, counseling and mental health services, respite care, and information on the

support services available to caregivers through other public, private, and nonprofit agencies. In the event that sufficient funding is not available to provide training and education services, the Secretary would be given the authority to suspend the provision of such services. The Secretary would be required to certify to the Committees that there is insufficient funding 180 days before suspending the provision of these services. This certification and the resulting suspension of services would expire at the end of the fiscal year concerned.

The overall caregiver support program for caregivers of eligible OEF or OIF veterans would authorize VA to provide training and supportive services to family members and certain others who wish to care for a disabled veteran in the home and to allow veterans to receive the most appropriate level of care. The newly authorized supportive services would include training and certification, a living stipend, and health care—including mental health counseling, transportation benefits, and respite.

The Compromise Agreement also includes an authorization for appropriations that is below the estimate furnished by the Congressional Budget Office. The lower authorization level is based on information contained in a publication (*Economic Impact on Caregivers of the Seriously Wounded, Ill, and Injured*, April 2009) of the Center for Naval Analyses (CNA). This study estimated that, annually, 720 post-September 11, 2001 veterans require comprehensive caregiver services. The Compromise Agreement limits the caregiver program only to "seriously injured or very seriously injured" veterans who were injured or aggravated an injury in the line of duty on or after September 11, 2001. CNA found that the average requirement for such caregiver services is 18 months, and that only 43 percent of veterans require caregiver services over the long-term. CNA also found that, on average, veterans need only 21 hours of caregiver services per week. Only 233 family caregivers were referred by VA for training and certification through existing home health agencies in FY 2008. This represented five percent of all home care referrals. In FY 2009, only 168 family caregivers were referred to home care agencies for training and certification.

Medical Care for Family Caregivers (section 102)

The Senate bill contains a provision (section 102) that would provide health care through the CHAMPVA program for individuals designated as the primary care attendant for eligible OEF or OIF veterans and who have no other insurance coverage.

The House bill contains a comparable provision (section 5), with a difference in the target population. Under the House bill, the target population would include all family caregivers of eligible OEF or OIF veterans, defined as those who have a service-connected disability or illness that is severe; are in need of caregiver services without which hospitalization, nursing home care, or other residential institutional care would be required; and are unable to carry out activities (including instrumental activities) of daily living.

The Compromise Agreement contains the Senate provision.

Counseling and Mental Health Services for Family Caregivers (section 103)

The Senate bill contains a provision (section 102) that would provide counseling and mental health services for family caregivers of OEF or OIF veterans.

The House bill contains a comparable provision (section 3), except that counseling and mental health services would be available to caregivers of veterans of any era.

The Compromise Agreement contains the House provision.